

4414(3) CATERHAM
1953 Region 12

URBAN DISTRICT COUNCIL OF CATERHAM & WARLINGHAM

ANNUAL REPORT

OF

THE MEDICAL OFFICER OF HEALTH

AND

CHIEF SANITARY INSPECTOR

for the year

1953

August
1954



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Mr. Chairman, Ladies and Gentlemen,

I have pleasure in presenting to you my Annual Report for 1953, this being my fourth Report as your Medical Officer of Health.

Its arrangement is the same as its predecessors, the Chief Sanitary Inspector's Report being included as a separate report.

As judged by the vital statistics the health of the District remains reasonably satisfactory compared with the Country as a whole, but the birth rate again decreased slightly. The percentage of births which were illegitimate remained the same as last year and the stillbirth rate increased to slightly above the national rate.

The death rate for what are generally considered to be the normal residents of this District remained low. Owing, however, to the Registrar General's decision to allocate to the District all deaths occurring in St. Lawrence's Hospital and certain Homes which accommodate mainly elderly persons from outside this area, instead of transferring them as hitherto to the place of former residence, the local death rate increased considerably on the previous year. Further, when adjusted by applying a 'comparability factor' supplied by the Registrar General, in an attempt to allow for the atypical constitution of the population, the "corrected" death rate becomes higher than the national death rate.

From the point of view of the continuity of these records the introduction of this new system is unfortunate. It is now much more difficult, and in some cases impracticable, to determine accurately whether there are local influences affecting the mortality rates among adults, while inevitably a doubt is raised as to whether the 'comparability factor' makes full allowance for the higher death rate in the institutional section of the population.

Fortunately the Infant and Maternal Mortality Rates, which are based on the number of births which have occurred, are unaffected by this change in system and, in any case, the complete absence of maternal deaths during the last seven years is a fact, and one of which the District can be proud.

During 1953 there was a rise in the Infant Mortality Rate to slightly above the post-war average and some of these deaths should have been prevented, but the general trend indicates a saving of infant life.

With the exception of measles, the prevalence of infectious disease was comparatively satisfactory. Five confirmed cases of poliomyelitis was above the local average for recent years, but the District was fortunate as compared with the Country generally and none of the cases was severe. The incidence of and death rate from pulmonary tuberculosis also continued to decline.

The Chief Sanitary Inspector's report shows a year

of steady work and although it includes little that is spectacular, the value of the contribution of these officers is not underestimated. They form an important section of the Health and Social Services, the united efforts of which are having an increasing influence on the wellbeing of the community. The dovetailing of these services is justifiably receiving a good deal of attention and effort, and some hopeful results are already apparent, but finally the degree of their success will depend on the extent to which all concerned, including members of the public, accept their responsibilities and play their part.

As an illustration of the need for co-operation, attention is drawn to the subject of Housing, upon which the Chief Sanitary Inspector and I have both commented. There have been times when Housing has been regarded mainly as a financial question and an unfortunate liability which must be reduced to the minimum. We are now entering on a new phase with many aspects, and it may not be inopportune to stress that the influence of housing on health is probably of fundamental importance; as, however, it has wide social repercussions the solution of this problem obviously calls for even closer co-operation between all concerned than in the past.

May I conclude this introduction by again expressing my appreciation of the very friendly relationships and support, which are welcome features in this District, and tender my thanks to the members of the Council and my colleagues in all branches of the local services.

I am,

Mr. Chairman, Ladies & Gentlemen,

Your obedient Servant,

F.R.EDBROOKE

Medical Officer of Health.

30th August, 1954.

HEALTH REPORT FOR 1953.

The Urban District of Caterham, which was constituted in 1899, became the Urban District of Caterham and Warlingham in 1929, and as a result of the latest revision of boundaries in 1933, the original area of 2,438 acres was increased to 8,250 acres.

At the beginning of the century the population of Caterham was just under 10,000 including over 3,000 residents in the Guards Depot and St. Lawrence's Hospital. By the time the present Urban District was constituted, the total population had become 17,590, and this steadily increased to the 1951 Census figure of 31,290. In mid-1952 the Registrar General estimated the home population, (including the military stationed in this area) to be 32,380, but presumably this estimate was reached before the Census figures were available as his estimate for mid-1953 was only 31,970 although the number of inhabited houses increased by 111 during the year.

The District, which contains some of the most beautiful parts around London, is chiefly residential, with at least four centres of population partially separated from each other by tongues of the Green Belt which practically surrounds the District.

The only large Institution in the District is St. Lawrence's Hospital, which at the end of the year had 2,186 patients and resident staff.

There are no heavy industries and many residents work in London or Croydon. Those working in the District are mostly connected with the military or the mental hospital, with building, some light industries which have extended of late, or providing food or other services for the residents.

VITAL STATISTICS.

Birth Rate:- The crude birth rate of 13.1 births per 1,000 population was 0.6 lower than last year. Even the corrected birth rate of 13.4 was lower than any local rate since 1927. By comparison the War time maximum locally was 21.0 in 1942. The birth rate for England and Wales in 1953 was 15.5, which was very slightly above the corresponding rate for 1952.

Illegitimacy:- The percentage of births which were illegitimate fell from 2.7 in 1948 & 1949 to 2.1 in 1950, which was the lowest since 1928, but in each of the last 2 years it has stood at 3.8. This still compares favourably, however, with the peaks of over 8% in 1919 and 1941-5.

Still Births:- The still birth rate in 1951 was 16.4 per 1,000 total births which was the lowest for 20 years. In 1952 it increased to 17.66 and this year to 23.3, which is the highest since 1948 when it was 33. It was, however, only slightly above the corresponding rate for England and Wales which was 22.4 in 1953.

Death Rate:-

The number of deaths attributed to this District was 348, an increase of 47 on the previous year, and as a result the crude death rate increased from 9.29 per 1,000 population in 1952 to 10.89 in 1953. As, however, the age and sex distribution of the population is not quite typical of that of the Country as a whole, an adjustment is required which produces the corrected death rate of 11.65, which is 1.89 higher than the previous year, and for the first time, at least since the War, slightly above the corresponding death rate of 11.4 for England and Wales.

The main reason for the local increase this year is that the Registrar General has allocated to this District all deaths occurring in St. Lawrence's Hospital and certain Old Peoples' Homes and Nursing Homes, the majority of which in previous years have been transferred to the districts in which the patients formerly resided. The new system is justified by the fact that the patients at these Hospitals and Homes are included in the total population of the District. Inevitably, however, the death rate among this section of the population is above the normal, with the consequent inflation of the local death rate. Had these formerly transferable deaths been excluded, the crude death rate would have been only 9.04, which would have been the lowest since 1939.

Causes of Death:-

These are set out in Table II in the Appendix which also indicates the ages at which death occurred but does not differentiate between normal residents and those in the above-mentioned institutions. One of the weaknesses of the new method of registration is that, in order to determine prejudicial local influences, it is necessary to separate these groups in respect of each cause of death and, unfortunately, this cannot be done really accurately owing to the paucity of available information.

Heart and Circulatory Diseases:-

As usual, deaths from heart and circulatory diseases formed the largest group, accounting for 150 deaths, or 43.1% of the total deaths, which is 7.4% less than in 1952. (Probably 51 of these deaths occurred among the hospital population). This group includes an appreciable proportion who virtually died of old age, but the proportions over 65 years (74%) and over 75 years (51%) were slightly less than in 1952. Postponement of death from these conditions until at least 65 years of age should normally be practicable if residents do their best to minimise worry and undue stress, which are among the habits which contribute to persistent tension and over demands upon the circulatory system.

Cancer:-

The next commonest causes of death were cancer with 71 deaths (20% of all deaths) and respiratory diseases, excluding tuberculosis, (44 deaths - 12%). As far as can be ascertained the cancer death rate was 1.84 per 1,000 of the ordinary population, (2.22 if deaths among the previously transferable group are included). The former is slightly higher than the rate of 1.64 in 1952 which is about the average for the last 20 years.

Nationally there has undoubtedly been a true increase in cancer of the lungs among males, and publicity has been given to the possibility of heavy cigarette smoking being a contributory factor. The local rate for this type of the disease is very high this year, more than half of the male cancer deaths being due to this cause, and all who died were formerly ordinary residents. While research is proceeding into the cause of the national increase, personal restrictive measures are justified, and the young especially are advised to consider the practical implications of present suspicions before becoming addicted to what at the least is an uneconomic habit and one which probably also affects health adversely in other ways.

The proportion of cancer deaths attributed to cancer of the breast in females was about the same as it is nationally but nevertheless justifies a reminder that any persistent lump should be reported to a Doctor without delay. The relief of a negative finding is almost as important as the early treatment in confirmed cases, which can be so successful.

Respiratory Diseases. Among the normal residents, deaths due to respiratory diseases were fewer than in 1952, with the exception of those due to influenza, which increased from 1 to 8.

Accidents:- It is pleasing to be able to report that no deaths due to road accidents occurred during the year and deaths among ordinary residents from other accidents decreased by one.

Suicides:- On the other hand the number of suicides increased from 3 to at least 6.

Infant Mortality Rate:- On the average during the first ten years of this century, 75 babies died before reaching their first birthday out of every 1,000 babies born alive in this District. In each of the following periods of ten years this proportion decreased, the averages being 67, 55, 36 and 38 while in the eight years since the War the average has been only 27, and on 3 occasions has been at or below 18, the last being in 1952. Unfortunately in 1953 there was a slight increase to 29.

Reviewing the 12 infant deaths which occurred during the year the causes of death can be grouped as follows:-

Prematurity	...	6
Birth injury	...	2
Haemolytic disease	...	1
Influenza and pneumonia ..		2
Congenital defect	...	1

It could reasonably have been hoped that the majority of these deaths would have been avoided and they present a challenge to all concerned.

With one exception, all of them occurred before the babies were a month old, and the Neonatal Mortality Rate, i.e. the number of deaths in infants under a month per 1,000 live births, was therefore 26.2, which is relatively high.

Of the births notified during the year, 30 were premature (i.e. 7%) and 10 of these occurred at home, the remaining 20 being born in hospitals or in nursing homes. Unfortunately 6 died, (i.e. 20%), 4 within a day, 1 during the second day and one at the end of a week. Four were very small twins.

Maternal Mortality:- It is most satisfactory to be able to report that for the seventh year in succession, no deaths have occurred among mothers which were associated with child birth. Compared with the years 1921-46 this means that, on the average, one mother's life is being saved annually.

BIRTH-RATE, DEATH-RATE AND ANALYSIS OF MORTALITY FOR THE YEAR 1953.

	Rates for 1,000 Home Population		Death Rate per 1,000 Home Population								Rates per 1,000 Live Births		Rates per 1,000 Live & Still Births		
	Live Births	Still Births	All Causes	Typhoid and Para-typhoid	Whooping Cough	Diphtheria	Tuberculosis	Influenza	Smallpox	Acute Poliomyelitis including Polioencephalitis	Pneumonia	Diarrhoea & Enteritis (under two years)	Total Deaths under one year	Sepsis - Maternal Mortality	Other Causes - Maternal Mortality
England and Wales	15.5	^a 22.4	11.4	0.00	0.01	0.00	0.20	0.16	0.00	0.01	0.55	1.1	^b 26.8	0.10	0.66
160 County Boroughs and Great Towns (including London)	17.0	^a 24.8	12.2	0.00	0.01	0.00	0.24	0.15	0.00	0.01	0.59	1.3	30.8		
160 Smaller Towns (Resident Population 25,000-50,000 at 1951 census)	15.7	^a 21.4	11.3	-	0.00	0.00	0.19	0.17	0.00	0.01	0.52	0.9	24.3		
London Administrative County	17.5	^a 21.0	12.5	-	0.00	-	0.24	0.15	-	0.01	0.64	1.1	24.8		
Caterham & Warlingham Urban District	^x 13.4	^a 23.3	^x 11.6	-	-	-	0.12	0.34	-	-	0.78	-	28.6	-	-

A dash (-) signifies that there were no deaths.

x Corrected rates.

a Per 1,000 Total (Live and Still) Births.

b Per 1,000 related Live Births.

INFECTIOUS DISEASE

Table III in the Appendix shows the number of cases of infectious disease notified during the year, the ages and distribution throughout the District of these cases and the number of deaths from this cause.

Diphtheria.

After 4 years without a case of diphtheria in the District, in 1952 at least 3 adult cases occurred in the first half of the year. These were commented upon in my last Annual Report, particular reference being made to the spacing of the cases, the limited number and the abrupt conclusion of this small outbreak. Fortunately the disease did not re-appear in 1953 and, in fact, only 1 case was even suspected of having the disease. Diphtheria is not, however, absent from the Country as a whole, and the necessity for maintaining the immunity of the population by artificial means is probably all the greater now that the natural stimulation caused by occasional small doses of the organism rarely occurs.

Scarlet Fever.

Only 41 notifications of this disease were received compared with 83 in 1952 and an annual average of 34 in the previous 5 years. The disease remains very mild in type and this, together with the non-notification of other streptococcal infections which are not accompanied by a rash, makes it impossible to prevent its spread, although efforts are made to limit heavy infection. As usual, all cases occurred among school children or pre-school children, but no school was unduly affected this year as the cases occurred fairly evenly throughout the District. Of the 41 cases, 34 were admitted to hospital (Bletchingley 28, Dorking 3, Cuddington 2, and Wandle Valley 1); which is a high proportion for present day practice, but in the majority of instances this was justified by home conditions.

In some cases, however, it would appear that the case might have been suitably treated at home, thus reducing the risks of cross infection in hospital and the cost to the tax-payer. That removal to hospital in itself does not necessarily limit the number of cases is illustrated by the facts that in 4 instances a second child from the same home was removed at the same time as or within 2 days of the first case, while in 1 instance, a return case followed the discharge of the first from hospital. Moreover, in quite a good proportion of the cases somebody else in the household was evidently suffering from the infection, although without the rash, at the time the case was removed to hospital.

At the present time the following modified procedure appears to be desirable;- (1) isolation of streptococcal infections among children for at least a fortnight in view of the risk of complications developing, (2) exclusion of contacts for a week, and (3) release of both from isolation at the end of these periods if the nasopharynx is healthy irrespective of the results of nose and throat swabs.

Erysipelas.

Five cases were notified during 1953, this being slightly less than the average number for recent years. None were apparently inter-connected.

Puerperal Pyrexia.

Two notifications were received, the cases being similar in type; both recovered quickly without the patient being removed to hospital.

Enteric Fever.

Only 1 case was suspected of suffering from typhoid fever but after investigation in hospital the diagnosis was not confirmed.

Dysentery.

Twenty-five cases of dysentery were notified, 10 of whom were in-patients at St. Lawrence's Hospital. The 15 notifications in respect of ordinary residents is the highest number recorded in any one year since the War. These cases occurred in April and May and at the same time as an outbreak of winter vomiting. At first this wave of gastro-enteritis, which started in Caterham Valley, appeared to be due to a food poisoning outbreak affecting over 100 children attending 3 schools which were served by the Central Kitchen, especially as members of the Kitchen staff were also affected. However, on close enquiry necessitating numerous home visits and pathological examinations, it was shown that the prime cause was not a food poisoning organism, but probably an airborne virus, although a small number of cases of Sonne dysentery were occurring simultaneously. Nine of the 15 notified cases of dysentery among the normal residents were shown to be carrying these bacilli or were in the same family as proven cases. The remainder were diagnosed solely on clinical evidence and, in the light of subsequent findings, this diagnosis may have been unjustified in some cases.

Food Poisoning.

A number of suspected cases of food poisoning were investigated including those referred to in the outbreak mentioned in the preceding paragraph, but only 2 were accepted as most probably having been affected through their food. Both were young babies admitted to hospital who were shown to be carrying *S. typhi murium*. An interesting point was that the first case was the youngest child in a very large family whose way of life was conducive to the spread of infections of this type; nevertheless no other member was affected. The second case was the youngest child in a normal sized family, which was related to the first family, a certain amount of contact occurring periodically. It did not occur until some while after the discharge from hospital of the first case. Neither house was infested by vermin and in spite of many enquiries it was impossible to prove how infection could have occurred in either house.

Poliomyelitis.

Five confirmed cases of this disease were notified during the year, this being the highest since 1947 when the total was the same. Two occurred in July, one being paralytic, and 3 in September of whom at least 2 were paralytic. One of the latter was still in hospital at the end of the year and 2 others had a slight residual paralysis. None of the cases was a severe one and compared with the majority of the County, this District was fortunate in a year in which the number of cases was relatively high nationally. At the time of the 2 isolated cases in July a number of persons at Caterham-on-the-Hill were suffering from sore throats and slightly febrile conditions, but none were suspected

of having poliomyelitis. In September, however, in addition to the notified cases there were 3 suspected cases, 2 of whom were admitted to hospital, but in none of these was the diagnosis confirmed.

Measles.

Epidemics of this disease usually occur in alternate years and after 610 cases having been notified in 1951, followed by 67 in 1952, it was not surprising that 573 notifications were received in 1953. As usual, pre-school and younger school children were chiefly affected, but fortunately the disease was not severe in character, few, in fact, of the cases being admitted to hospital.

As has been stated on a number of occasions, notification of this disease is of little, if any, value for a variety of reasons, the only practicable preventive measure being the distribution of general advice as widely as possible, mainly on the nursing of patients in an attempt to reduce the risks of complications. In view of the free services obtainable under the National Health Service Act there is now no excuse for not seeking the advice of a private doctor in all cases, and the doctors could spare more time for giving advice on prevention if they were relieved of the necessity for notification.

No deaths have occurred from measles in this District since the War.

Whooping Cough.

Waves of whooping cough occur in a similar way but are much less marked; thus 75 cases were notified in 1953 compared with 43 in 1952 and 146 in 1951. No deaths occurred and, in fact, only 2 deaths (and those in very young babies) have occurred locally since the War. In neither of these 2 cases was notification of any value. The only preventive measure against this disease which is of any real use is immunisation, and this is referred to in the following section.

PREVENTION OF ACUTE INFECTIOUS DISEASE

The chief hope of preventing most of the important infectious diseases now lies in some form of immunisation when that is practicable and it is desirable to recommend it for all children. Until immunisation can be recommended for any particular disease it is the practice to exclude cases and in some instances, contacts, from school, in the hope that, possibly by diminishing the dose of the infection, more children will only get sub-acute attacks and that the number and severity of the cases which do occur will be diminished. The main aim is to postpone the onset of infection in infants at least until school age is reached, most infections being severest when they affect children under 2 years of age. Obviously, these steps can only be partially successful but it appears not unreasonable to continue them, for example, with a disease like scarlet fever which was formerly of serious import and can at any time revert to its former severity. On the other hand, in such mild infections as chicken-pox and rubella, it might be thought desirable that all children should have these infections soon after entering school, rather than at a later stage when serious inconvenience might result with regard to examinations, etc.

Diphtheria Immunisation.

The occurrence of a few cases of diphtheria in the District during 1952 emphasised the importance of maintaining a high standard of immunity among the population. During the year 1953, 480 primary courses were given, this being 100 more than in either of the two previous years, while 758 children were given "booster" doses, which is about 350 more than the average for recent years.

At the end of the year it was estimated that 52% of the children under 5 years of age had been immunised and approximately 80% of the children aged 5 - 15 years. This is fairly satisfactory so far as it goes but on a further investigation to discover what percentage of these groups have been immunised during the last 5 years, it was found that probably slightly under 70% of the group aged 5 - 15 years had received treatment during that period.

There is obviously room for improvement and parents who for some reason or other have not had their children immunised during the last 5 years would be well advised to arrange for this to be done, if they so wish, consulting me before so doing.

Vaccination.

During the year the following vaccinations were given:-

Primary Vaccinations	...	0 - 14 years	...	290	
"	"	...	Over 15 "	...	11
Revaccinations	...	0 - 14 years	...	20	
"	...	Over 15 years	...	85	

These totals are very similar to those for the preceding year but it is satisfactory to note that slightly more than 55% of children under 1 year of age were vaccinated, which is an improvement on the average percentage being vaccinated before 1948 when vaccination was compulsory.

Whooping Cough Immunisation.

The position regarding this form of immunisation has definitely improved during recent years and there is at least one preparation which can be expected to give good results although it is not quite so reliable as is diphtheria immunisation with which it can be combined. It now appears wise to encourage the general acceptance of whooping cough immunisation, provided poliomyelitis is not very prevalent at the time in the area concerned, in view of the possibility of previously immunised children developing a very mild attack and passing on the infection to babies before a diagnosis has been made and preventive measures taken. The present recommendation is that treatment should be carried out at the 6th, 7th and 8th month with a reinforcing dose at about 2 years of age.

During 1953, which was the first full year in which treatment was provided both at the Clinics and by general practitioners, who were encouraged to send in records of the treatment they had given, 357 children were given primary courses and 92 children received a "booster" dose. These figures suggest that at least one half of the children between 9 months and 2 years of age have been immunised in this way.

Tuberculosis.

The following table shows the ages for each sex at which new cases were notified and deaths occurred from both forms of tuberculosis during 1953.

AGE PERIODS	New cases				Deaths			
	Respiratory		Non Respiratory		Respiratory		Non Respiratory	
	M	F	M	F	M	F	M	F
0 -	-	-	-	-	-	-	-	-
1 -	-	1	-	1	-	-	-	-
5 -	-	-	-	-	-	-	-	-
10 -	1	1	-	-	-	-	-	-
15 -	-	2	-	1	-	-	-	-
20 -	1	-	1	-	1	1	-	-
25 -	2	-	-	-	-	-	-	-
35 -	1	1	1	-	-	-	-	-
45 -	1	-	1	-	-	-	-	-
55 -	4	-	-	-	-	-	-	-
65 and upwards	-	-	-	1	-	-	1	1
TOTALS	10	5	3	3	1	1	1	1

It will be seen from the following Table, which shows the average 5-yearly rates for the last 33 years and the actual rates for 1953, that the incidence of respiratory tuberculosis increased considerably during and especially after the War but that on the average it is now declining appreciably. This improvement is most marked in the respiratory tuberculosis death rate but locally the case rate is also slowly improving. Non-pulmonary tuberculosis has also declined on the average and it is hoped that the slight increases in the rates during 1953 are only due to a "swing of the pendulum."

Nationally, the pulmonary tuberculosis death rate has declined quite rapidly since the War but the incidence of new cases has not been quite so satisfactory.

AVERAGE RATES PER 100,000 POPULATION.

YEARS	Case Rate		Death Rate	
	Pulmonary Tuberculosis	Non-Pulmonary Tuberculosis	Pulmonary Tuberculosis	Non-Pulmonary Tuberculosis
1921-25	72	11	58	9
1926-30	68	21	44	12
1931-35	79	20	30	9
1936-40	70	34	37	8
1941-45	88	41	45	10
1946-50	102	27	26	7
1951-53	58	8	9	3
1953	46	18	6	6

During 1953 the only visit of the Mass X-ray Unit to the immediate neighbourhood was in June when it was at Coulsdon, but a number of local residents made it convenient to attend. It is hoped that one additional Unit will be available for use in this County during the coming year.

As previously stated, the most important measures which are required to reduce the incidence of this disease are the early detection and treatment of cases, the encouragement of immunisation and segregation of contacts, and the preferential treatment of cases in the matters of rehousing and rehabilitation.

It is expected that the testing and immunisation of contacts and groups who are most exposed to infection will be extended in the near future by being offered to all children aged 13 years who are attending schools provided by the County Council.

The local Council continues to be responsible for one of the most important of these preventive measures, namely rehousing, and also for disinfection. The County Council bears the responsibility for all other preventive measures involving official action except the treatment of cases, which is that of the Regional Hospital Board.

The local Tuberculosis Clinic is held every Monday from 2 - 4 p.m. at the Health Clinic, 62 Whytecliffe Road, Purley, and any suspected cases can attend or be referred for diagnosis. A second weekly session of this Clinic commenced in 1952 but no progress has been made in the proposed independent Chest Clinic which it is hoped will be erected at Purley Hospital. This amenity is badly needed as the County Council Clinic at 62 Whytecliffe Road, Purley, is seriously over-used.

Non-notifiable Infectious Diseases - Scabies.

Arrangements are in being whereby cases of this disease can be provided with the necessary treatment, and, what is more important, contacts with them can be given preventive treatment.

Fortunately, the incidence continues to decrease as illustrated by the following numbers of actual cases treated annually by the Health Department since 1942, viz. 82, 183, 137, 384, 240, 90, 34, 13, 3, 4, 2 and none in 1953.

If, in fact, there was a complete absence of this disease locally, the position is most satisfactory, but if an occasional case does occur it would be wise to inform the Public Health Department so that advice and preventive treatment can be given to all contacts in an attempt to prevent its spread.

Bacteriological Examinations.

The following specimens were examined at the Epsom Laboratory during the year:-

Throat swabs	...	38
Faeces	...	35
Sputa	...	7
Miscellaneous	...	12

SANITARY CONDITIONS

Water.

The water supply for this District, which is constant, is obtained from the East Surrey Water Company which has works and resources in neighbouring areas. The supply is lime softened and chlorinated, and throughout 1953 was satisfactory both in quality and quantity.

By an arrangement with other Districts receiving this supply, samples of the water going into supply are submitted for bacteriological examination quarterly in accordance with an agreed rota, the results being circulated. All the results of the samples so taken were satisfactory during 1953.

In addition, one sample was taken from a house in Whyteleafe and submitted for chemical examination with the following results:-

CHEMICAL EXAMINATION		Parts per 100,000	Grains per gallon
Total solids (dried at 180° C)	...	18.0	12.6
Combined chlorine (as Cl)	...	1.8	1.3
equivalent to sodium chloride (NaCl)	...	3.0	2.1
Nitric nitrogen (nitrates)	...	0.60	0.42
Nitrous nitrogen (nitrites)	...	a faint	trace
Ammoniacal nitrogen	...	0.0034	0.0024
Albuminoid nitrogen	...	0.0004	0.0003
Oxygen absorbed in 4 hours at 27° C	...	0.003	0.002
Lead or Copper	...	Nil	Nil
Temporary hardness (equivalent to CaCO ₃)	...	6.5	4.6
Permanent hardness (")	...	4.0	2.8
Total hardness (")	...	10.5	7.4

All dwelling houses provided with the Company's water have the supply within the premises, and standpipes are non-existent. Only 11 dwellings (approximately 0.1%) in an undeveloped rural section of the District are without a public water supply and the cost of extending the water main to these properties is not regarded as reasonable by the Council.

Samples are also taken when considered desirable from sources other than the above which are utilised in the District, and during the year, in co-operation with the Laboratory Service of the London County Council, further measures were taken to ensure the purity of the private supply to St. Lawrence's Hospital.

Drainage and Sewerage.

No important works of sewerage were undertaken in 1953, but some sewers were extended to make provision for the drainage of new Estates. Additional sewers are required in Caterham, Chaldon

and Woldingham and in 1944 the Council approved in principle schemes estimated to cost over £88,000. During 1953 further steps were taken towards extending the sewers at Chaldon as soon as the economic situation permits.

Closet Accommodation.

A number of pail closets exist in the unsewered rural parts of the District and must await conversion until the sewers are extended to these areas.

Public Cleansing.

1. Collection and Disposal of House Refuse

This branch of public cleansing is carried out by the Engineer and Surveyor's department in this District, and a weekly collection throughout the District was maintained.

Full use was made of the additional land acquired for the tipping of refuse during 1950 and no nuisance resulted, thanks to the very adequate supply of ash which is available for cover. The quantity of the latter, however, proved so abundant that before the end of the year a further site had to be brought into use.

2. Cesspool Emptying.

Details of this service are given in the Chief Sanitary Inspector's report.

Sanitary Inspection of the Area.

Details of the sanitary inspection of the District, which is carried out as circumstances demand and permit, are also given in the Chief Sanitary Inspector's report.

Swimming Baths.

There is no swimming bath in the District which is owned by the public, but there is one to which the public is admitted on payment, another owned by a School and a third belonging to a Social Club. All are used quite extensively.

During 1953, 4 satisfactory and 2 unsatisfactory samples were taken from the first bath, one good sample from the School bath and 4 satisfactory samples from the other bath. All of these baths are equipped with filters and chlorination plants.

Close co-operation continues to exist between the local Health Department and the members of the Divisional School Health Service as your Medical Officer of Health is also Divisional School Medical Officer, while the Caterham Valley clinic is situated in the same building as the Health Department, which is a distinct advantage.

Schools.

While there is room for improvement in the older schools generally, both from the point of view of their structure and hygienic arrangements, and two should be evacuated as soon as practicable, progress in effecting improvement is inevitably slow. The present limited though very heavy public expenditure on school premises has still to be primarily devoted to the provision of new schools and particularly secondary schools to meet the coming 'bulge' in that age group, as witness the building of the Hamsey Green and Caterham Hill Secondary Schools which are now proceeding. Some improvements have been made from time to time in the older schools locally but the major expenditure on rejuvenation has to be devoted to those parts of the County where the most antiquated

schools exist. As soon as possible, however, a larger proportion of the annual estimates should be devoted to this purpose.

The public water supply is available at all the local schools and only two are not connected to the sewers, although they now have a water carriage system.

The Head Teachers are advised on school exclusions in an attempt to reduce the spread of infectious diseases, while cases who they know to be suffering from communicable diseases are notified to the Medical Officer of Health. Direct assistance continues to be given during outbreaks by the Health Visitors.

Factories and Workshops.

The usual table indicating the inspections made, defects found and defaults notified during 1953 is included as Table IV in the Appendix.

Housing.

Similarly the housing statistics are presented as Table V in the Appendix, while the Chief Sanitary Inspector has dealt with the work of the Sanitary Inspectors, in relation to housing and slum clearance, in his report. From the former it will be noted that, compared with 1952, the provision of new houses by the Council increased by about 70%, while the number built by private builders was doubled. Further expansion of private building for sale can be anticipated during 1954, but from the point of view of the Council the situation is becoming steadily more difficult owing to the limited part of the area which is considered suitable for building Council houses.

In retrospect, the year 1953 will be noteworthy for the beginning of a new phase in dealing with this fundamental health and social problem. Hitherto, since the War, the endeavour has been to meet the need for more housing units by Councils, aided by Government subsidies, building to let. The new emphasis has been on encouraging those who can afford it to purchase, and parallel with this the Minister has re-focussed attention on the need for preserving existing houses or, where this is impracticable, securing their demolition with a view to the better use of the sites.

From the point of view of the health of the community, there are certain aspects of the present situation and approach which call for emphasis.

While it is generally recognised that the acceptance of responsibility for private ownership by those who can afford it is beneficial in many ways, it was shown between the Wars that if the proportion of the family budget devoted to accommodation necessitated a reduction in the proportion available for the family's food below the optimum level, health was apt to be adversely affected. At this time, when wages are relatively high, any encouragement of saving and wise investment is commendable, but equally there is a need for consideration on the part of the individual, before committing himself to a long-term financial responsibility, of the chances of regularity of employment, of fluctuations in wage and price levels and of the future necessity for increased expenditure in other directions. It is realised, of course, that other unwise commitments, and particularly the hire purchase of furnishings

and luxury articles may have an equally unfortunate effect on the family's health and stability, but Councils are more likely to have an increasing responsibility for influencing residents' decisions on the amount to be spent on accommodation; than on any other aspect of their economic position.

With the severe restriction in the future building of housing units by the Council, the latter will find it still more difficult to deal with the problem of the appreciable proportion of the population who cannot afford to purchase, and particularly with the 'hard core' of 'problem families'. While it has been recognised sympathetically that there are other claims for priority, it should now be stressed that the health of the residents is a fundamental consideration. The Health Department has always been ready to advise on questions relating to the health of applicants and, as the Department works closely with the other Social Services, they are able to represent their point of view and present a balanced assessment.

The Chief Sanitary Inspector has indicated the work done and anticipated in respect of the clearance and reconditioning of unfit houses; with the coming into force of the Housing Repairs and Rents Act, 1954, not only will the Health Department inevitably have to give even greater attention to housing matters, but there would appear to be an increasing need and opportunity for the closest co-operation between the two Departments and Committees most concerned.

Inspection and Supervision of Food.

As the Sanitary Inspectors are primarily responsible for the inspection and detailed supervision of the food supply, details of this service are given in the Chief Sanitary Inspector's report.

In general, steady improvement in the hygienic production and distribution of food is observable where they come within the sphere of influence of these Officers. Further advances are, however, to be desired, especially in matters not coming directly within their purview.

Chemical and Bacteriological Examinations of Food.

Examination of milk and ice-cream were carried out by the Public Health Laboratory Service, who are most co-operative and helpful in the advice they give as a result of their findings.

Adulteration.

The County Council was the Food and Drugs Authority for this District during 1953 and a statement of the number of samples collected and examined by their Officers is included as Table VI in the Appendix.

Massage Establishments.

The Provisions of Part IV of the Surrey County Council Act, 1931, relating to the registration and management of establishments for massage or special treatment, are in operation. There are three such establishments within the Urban District.

OTHER HEALTH SERVICES

The Surrey County Council is the Local Health Authority for this District and in the execution of its duties under the National Health Service Act, 1946, the following arrangements have been made:-

1. Ambulances.

There are two County Council ambulance stations in the District which are mainly manned by volunteers from the St. John Ambulance Brigade:-

Timber Hill Road,
Caterham Valley.

Caterham 3178

c/o Green Circle Garage,
Limpsfield Road,
Warlingham.

Upper Warlingham
2681

2. Maternity and Child Welfare.

(a) Midwives and District Nurses.

The present arrangements are as follows:-

Mrs. D. Smith,
74 Foxon Lane,
Caterham-on-the-Hill (Cat: 3766)

Full time General Nurse
covering Caterham Valley
Whyteleafe and Woldingham.

Miss J.G. Baillie,
13 Warren Park,
Warlingham (Up: Warl: 258)

Full time Midwife
covering Caterham Valley
Warlingham, Whyteleafe
and Woldingham.

Mrs. E. Battle,
44 Church Road,
Warlingham (Up: Warl: 405)

Full time General Nurse
and relief Midwife
covering Warlingham
and area.

Mrs. B. Baker,
40 Glebe Road,
Warlingham

Part-time General Nurse
for relief work in the
Warlingham area.

Miss A. Keown and Miss M. Hollyer,
8 Foxon Lane,
Caterham-on-the Hill (Cat: 2742)

Full time Midwives and
General Nurses covering
Caterham-on-the-Hill
and Chaldon.

(In emergency, the Coulsdon District Nurses (Downland 4005)
act as reserves)

(b) Ante-Natal Clinics.

Pelham House,
54 Harestone Valley Road,
Caterham Valley.

2nd, 4th and 5th Friday
in each month - 2 p.m.

The Health Centre,
Westway,
Caterham-on-the-Hill.

Every Tuesday
in each month - 2 p.m.

The Church Hall,
The Green,
Warlingham.

2nd, 4th and 5th
Tuesday in each
month - 2 p.m.

(c) Relaxation and Mothercraft Classes.

Pelham House,
Caterham Valley.

1st and 3rd Monday
in each month - 2 p.m.

Westway,
Caterham-on-the-Hill.

2nd and 4th Monday
in each month - 2 p.m.

(d) Child Welfare Clinics (including Diphtheria and Whooping
Cough Immunisation and Vaccination).

Pelham House,
54 Harestone Valley Road,
Caterham Valley.

Tuesdays 2 p.m.

The Health Centre,
Westway,
Caterham-on-the-Hill.

Fridays 1.30 p.m.

The Church Hall,
399 Limpsfield Road,
Warlingham.

Tuesdays 2 p.m.

St. Luke's Church Hall,
Whyteleafe Hill,
Whyteleafe.

Thursdays 2 p.m.

The Parish Hall,
Station Road,
Woldingham.

1st and 3rd Monday
1.30 p.m.

(e) Family Planning Clinic.

The Health Centre,
Westway,
Caterham-on-the-Hill.

1st and 3rd Monday
in each month 2 - 3.30 p.m.
(By appointment with
Divisional Medical
Officer, 115 Brighton
Road, Purley. Uplands. 9277)

(f) Home Help Service.

Applications for the service of a Home Help should be addressed to the Home Help Organiser, 115 Brighton Road, Purley. In case of emergency the following telephone numbers may be used:- Uplands 7014 or 9277 preferably between 9.30 and 10.30 a.m. Home Helps can only be supplied to cases genuinely needing their assistance in which ill-health or old-age are involved. The capacity of the Service is limited, but preference is given to those in the greatest need, the degree of help varying with the physical and social circumstances of the family.

(g) Consultant Service.

The general practitioners have been supplied by the Regional Hospital Board with particulars of the Specialists whose services are available in the District.

(h) Emergency Units.

The Emergency Unit or "Flying Squad" based on Redhill County Hospital is available at any time for bona fide service in this District.

(i) Health Visitors.

Initial contact with Health Visitors may be made through the Divisional Medical Officer or the Divisional Health Visitor at 115 Brighton Road, Purley. The Health Visitors serving this District are based on:-

- | | | |
|-----|--|-----------------------|
| (a) | Pelham House
54 Harestone Valley Road,
Caterham Valley. | Caterham 4211. Ex.29. |
| (b) | The Health Centre,
Westway,
Caterham-on-the-Hill. | Caterham 2320. |
| (c) | (For Woldingham and Warlingham)
The Divisional Office,
115 Brighton Road,
Purley. | Uplands 9277. |

3. School Medical Service.

(a) Minor Ailments Sessions.

- | | |
|---|-------------------------|
| Pelham House,
54 Harestone Valley Road,
Caterham Valley | Tuesdays 1.30 - 2 p.m. |
| The Health Centre,
Westway,
Caterham-on-the-Hill. | Wednesdays 9.30 a.m. |
| The Church Hall,
399 Limpsfield Road,
Warlingham. | Tuesdays 1.30 - 2 p.m. |
| St. Luke's Church Hall,
Whyteleafe Hill,
Whyteleafe. | Thursdays 1.30 - 2 p.m. |

(b) Dental Clinic (also available for pre-school children and ante-natal/nursing mothers)

Pelham House,
54 Harestone Valley Road,
Caterham Valley.

Mondays 9.30 a.m. & 1.30p.m.
Tuesdays 9.30 a.m.
Wednesdays) 9.30 a.m.
Thursdays) &
Fridays) 1.30 p.m.

(c) Ophthalmic and Refraction Clinic

(d) Speech Therapy Clinic

(e) Remedial Exercises Clinic

) By appointment with
) Divisional Medical
) Officer, 115 Brighton
Road, Purley.

4. Day Nurseries.

The two Day Nurseries at present functioning in this Division are situated as follows:-

Hazelglon Day Nursery, Sanderstead Road, Sanderstead.
(Sanderstead 5329) Matron: Miss I.M.Bettridge.

Old Coulsdon Day Nursery, Bradmore Green, Old Coulsdon.
(Downlands 4071) Matron :Mrs. L.C.Bryan, S.R.N.

Admission to the Day Nurseries is limited to children from families in which the mother is the sole wage earner, where there is sickness in the family or where the home conditions are likely to seriously prejudice the health of the child.

5. Diphtheria and Whooping Cough Immunisation and Vaccination.

Under the National Health Service Act, 1946, diphtheria and whooping cough immunisation and vaccination can be obtained from general practitioners serving under the Act, or arrangements can be made by application to the Medical Officer of Health, Pelham House, 54 Harestone Valley Road, Caterham.

6. Loans of Medical Equipment.

The County Council has arrangements with the British Red Cross Society and the St. John Ambulance Brigade, whereby certain equipment required for patients being nursed in their houses, can be hired. Application should be made to Mrs. I. Prater, (B.R.C.S), 47 Markville Gardens, Caterham, (Caterham 2430), or to the Officer-in-Charge, S.J.A.B.Headquarters, Timber Hill Road, Caterham. (Caterham 3178)

HOSPITALS.

The Regional Hospital Boards are responsible for the hospitals and for staffing certain clinics.

1. Local Hospitals.

The hospitals chiefly serving this District are:-

Redhill County Hospital	...	Redhill 3581
Caterham and District Hospital	...	Caterham 3052
Caterham and District Hospital Annexe (The Dene).	...	Caterham 2006

2. Clinics.

Tuberculosis.

62 Whytecliffe Road, Purley. (Uplands 7238)	Every Monday. 1.30 - 3.30 p.m.
--	-----------------------------------

Venercal Disease.

Croydon General Hospital

Males

Tuesdays 7 p.m.
Saturdays 10.45 a.m.

Women & Children

Tuesdays 11 a.m. - 1 p.m.
Fridays 5.30 - 7 p.m.

Redhill County Hospital

Males

Mondays 5 - 7 p.m.

Females

Wednesdays 5 - 7 p.m.

LABORATORY FACILITIES

The bacteriological examination of throat swabs, sputa, blood, milk, water, etc., is carried out by the Public Health Laboratory Service at West Hill House, West Hill, Epsom. (Epsom 2474).

MISCELLANEOUS ADDRESSES.

Divisional Welfare Officers.

Mr. Middleton (after office hours)
Balham 5375.

Mr. Griffiths (after office hours)
Wallington 9237.

115a Brighton Road,
Purley. (Upl. 0776).

Mental Health/Authorised Officer,

44 Reigate Hill,
Reigate. (Reigate 3357).

Blind Welfare Visitor,

53 Abbey Road, Selsdon.
(Sanderstead 2790).

Guild of Social Service/Citizens
Advice Bureau,

102/106 Godstone Road,
Caterham. (Cat. 2243).

Caterham & District Old People's Welfare
Association.

6 Dome Hill Peak,
Caterham. (Cat. 3081).

Old Peoples Home,

"Santa Tecla", Stanstead
Road, Caterham. (Cat. 2641).

Browning Bethany Homes,

60 Whyteleafe Hill,
Whyteleafe. (Upl. 0442).

Moral Welfare Visitor,

1 Sunny Rise, Caterham.
(Caterham 3728).

Marriage Guidance Council,

38 Russell Hill, Purley.
(Uplands 9029).

N.S.P.C.C.

37 Hartley Road, Croydon.
(Tho. Heath 4250).
48 Grove Hill Road,
Redhill, (Redhill 2368).

W.V.S.

102/106 Godstone Road,
Caterham. (Cat. 2243).

REPORT OF THE CHIEF SANITARY INSPECTOR

Mr. Chairman, Ladies and Gentlemen,

I beg to submit my report for the year 1953.

The loss of the services of one District Sanitary during 4 months of 1954, the additional calls on Sanitary Inspectors' time in connection with increased local slaughtering on the decontrol of meat and the preparatory work associated with the operation of new housing legislation have made it necessary to condense this report, which has been reduced almost to a statistical return.

COMPLAINTS

578 complaints, as under, were received:-

Re drainage and sanitary defects	...	200
" housing defects	...	56
" rats and mice	...	189
" insect pests	...	60
" foodstuffs	...	13
" nuisances from refuse	...	41
" nuisances from the keeping of animals	...	8
" alleged overcrowding	...	5
" dirty premises	...	3
Miscellaneous	...	3
		<u>578</u>

This year's total is 43 less than the figure for the previous year.

INSPECTIONS

The following table sets out the visits made by Sanitary Inspectors during the year:-

Primary Inspections of premises	...	1038
Re-inspections after service of notices	...	1589
Visits to Work in progress	...	380
" " Caravans or camping sites	...	35
" " Factories (excluding Bakehouses)	...	130
" " Workplaces (including offices)	...	47
" " Bakehouses	...	76
" " Dairies	...	153
" " Slaughterhouses	...	60
" " Butchers Shops	...	145
" " Fish Shops (including Fishfryers)	...	55
" " Greengrocers	...	25
" " Grocers and Provision Shops	...	97
" " Ice Cream Premises	...	27
" " Licensed Premises	...	19
" " Other food preparing places, food stores and food delivery vehicles	...	208
" " Schools and/or School Canteens	...	64
" " Stables and Piggeries	...	16
" " Hairdressers' and Barbers' Premises	...	39
" " Swimming Baths	...	27
" " Shops under Shops Act	...	347
Patrols under Shops Act	...	36
Visits re Overcrowding	...	27
" " Rodent Control (inc: testing, etc. of sewers)	...	345
" " Insect Pests	...	74
" " Notifiable Infectious Diseases	...	238
" " Cesspool Emptying	...	95
" " Milk and Ice Cream Samples	...	221
" " Water Samples	...	19
Miscellaneous	...	534
		<u>6166</u>

SANITARY IMPROVEMENTS

The following improvements were carried out:-

Premises re-drained	...	5
Defective drains relaid or repaired	...	48
Cesspools renewed, enlarged, repaired or abolished	...	7
Soakaways provided for rain and surface water	...	50
Drains unstopped and cleansed	...	148
Inspection chambers repaired or renewed	...	20
Inspection chamber covers renewed	...	11
Inspection chamber covers sealed	...	15
Ventshafts or soilpipes repaired	...	6
New W.C. apartments provided	...	4
W.C. fittings provided, repaired or renewed	...	21
W.C.'s provided with new pans and traps	...	13
New sinks, washbasins or baths fitted	...	9
Trapped waste pipes fixed	...	13
Curbs and channels to sink waste gulleys repaired or renewed	...	19
Premises demolished	...	1
Chimney stacks repaired or renewed	...	36
Roofs repaired or renewed	...	77
Guttering or downpipes provided or repaired	...	46
Damp walls remedied	...	44
External walls repaired	...	48
Yards paved or repaired	...	16
Footpaths paved or repaired	...	8
Steps provided or repaired	...	15
Floors repaired or renewed	...	42
Windows repaired or renewed	...	133
Additional light and ventilation to rooms provided	...	4
Doors repaired or renewed	...	31
Stoves repaired or renewed	...	23
Coppers repaired or renewed	...	2
Wallplaster repaired	...	83
Ceilings repaired or renewed	...	56
Dirty walls cleansed	...	55
Dirty ceilings cleansed	...	55
Dustbins provided	...	90
Nuisances from refuse or manure abated	...	13
Nuisances from animals abated	...	5
Dirty premises cleansed (Occupier's neglect)	...	9
Overcrowding abated	...	7
Water service pipes repaired	...	7
Miscellaneous defects remedied	...	66

NOTICES

Informal Notices issued	...	419	
Informal Notices complied with	...	438	ø
Statutory Notices served	...	37	
Statutory Notices complied with	...	40	ø

The works required by seven Statutory Notices were executed by the Council in default of the owners.

ø Includes notices served in previous years.

HOUSING

A summary of the work done by Sanitary Inspectors is set out in(b) of Table V in the Appendix. 212 houses were inspected for housing defects, and the conditions at 19 were recorded in accordance with the Housing Regulations.

On September 22nd 1953, the Minister of Housing and Local Government confirmed a Compulsory Purchase Order in respect of four of the six properties, Nos. 13 - 23 Westway, Caterham-on-the-Hill, which were re-presented as a Clearance Area in 1952. The two houses (Nos. 21/3) excluded by the Minister from the Clearance and Compulsory Purchase Orders were held under requisition by the Council, and their exclusion prevented the proper redevelopment of the site. Subsequently, they were released by the Council, and in 1954 the Minister confirmed a further Compulsory Purchase Order in respect of these properties.

On October 30th 1953, the Minister of Housing and Local Government confirmed without modification a Clearance Order in respect of two very old cottages, Nos. 88 and 90 High Street, Caterham-on-the-Hill. Demolition of these properties was in progress by the end of the year.

No. 4, Milton Road, Caterham-on-the-Hill, which was the subject of a Demolition Order made in August 1952, was demolished by the owner in 1953.

Action in connection with a number of dilapidated properties inspected during the year under the Housing Act, 1936, was deferred by the Housing Committee pending the completion of the Housing Survey contemplated by the Housing Repairs and Rents Act, 1954, which comes into operation on August 30th 1954.

The 'repair' position, referred to in previous reports, was unchanged during 1953, but, in spite of this, no application for a certificate of disrepair under the provisions of the Rent Restrictions Acts was received.

Formal procedure under S.11 of the Housing Act, 1936, secured in 1953 the repair of two dwellings which had been classified as incapable of being rendered fit at reasonable expense, and 13 dwellings were repaired by owners after formal procedure under S.9 of the Housing Act, 1936; 135 dwellings were rendered fit by their owners in consequence of informal action by the Sanitary Inspectors.

The temporary use of the camping site at Warlingham, used as an emergency housing site, has been extended by the Council for a further period of three years. This camp was occupied by about 40 caravans throughout the year.

CESSPOOL EMPTYING

Motor emptiers, as under, were used for pumping out cesspools during 1953:-

<u>Vehicle</u>	<u>Purchased</u>	<u>Used</u>
One 800 gallons emptier	August 1951	Whole of year
One 800 gallons emptier	January 1950	Whole of year
One combined Gully/ 800 gallons cesspool emptier	June 1946	Occasionally only (Little more than 1% of the work was per- formed by this vehicle).

The work done by these emptiers is given below together with comparative figures for other years:

<u>Area.</u>	<u>1953</u> <u>Loads</u>	<u>1952</u> <u>Loads</u>	<u>1951</u> <u>Loads</u>	<u>1939</u> <u>Loads</u>	<u>1938</u> <u>Loads</u>	<u>1937</u> <u>Loads</u>
Caterham	169	215	141	178	464	274
Warlingham	116	121	110	239	127	169
Chaldon	2259	2287	2194	822	783	820
Woldingham	1602	1672	1681	1077	1224	1017
	<u>4146</u>	<u>4295</u>	<u>4126</u>	<u>2316</u>	<u>2598</u>	<u>2280</u>

Difficulty in dealing with requests for emptying was experienced during the first quarter of the year and during May when so many applications for emptying were received at one time that it was impossible to cope with the work as promptly as was desirable. Many cesspools required frequent emptying; at 73 premises the cesspool was emptied 12 or more times during the year; 16 of these premises received 20 or more emptyings.

SUPERVISION OF FOOD

SLAUGHTERHOUSES

Slaughtering of animals for human consumption was carried out at two slaughterhouses in this district. One is situated on a farm of the South West Metropolitan Regional Hospital Board at Caterham-on-the-Hill, which supplies meat to the Board's hospitals: the other is located at privately owned premises at Whyteleafe which have been licenced annually since 1949 by the Council for the purpose of ensuring that pigs produced locally under the Self-Suppliers of Pigs Scheme were slaughtered humanely at satisfactory premises and that the carcasses and offal were examined by a Meat Inspector.

Meat inspected and condemned at Slaughterhouses:

	Cattle excl: Cows	Cows	Calves	Sheep & Lambs	Pigs	Goats
Number of animals killed	3	37	-	-	156	-
Number of carcasses inspected	3	37	-	-	156	-
<u>All diseases except Tuberculosis:-</u>						
Whole carcasses condemned	1	-	-	-	-	-
Carcasses of which some part or organ was condemned	-	6	-	-	8	-
Percentage of the number inspected affected with disease other than Tuberculosis	33.3	16.2	-	-	5.1	-
<u>Tuberculosis only:-</u>						
Whole carcasses condemned	-	-	-	-	-	-
Carcasses of which some part or organ was condemned	-	-	-	-	2	-
Percentage of the number inspected affected with Tuberculosis	-	-	-	-	1.3	-

WHOLESALE DEPOTS, RETAIL SHOPS AND CANTEENS.

Meat and other foods condemned as unfit for human consumption
at Food Premises other than Slaughterhouses:

Meat.

Beef - home killed	348 $\frac{1}{4}$ lbs
Mutton and Lamb	42 $\frac{1}{4}$ lbs
Pork	54 $\frac{1}{2}$ lbs
Sausages	78 lbs

Fish.

Kippers	28 lbs
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Canned Meat.

Beef	9 lbs	
Ham	31 lbs	13 ozs.
Jellied Veal	18 lbs	
Other Canned Meat	116	tins

Other Canned Foods.

Fish	20 tins/jars
Fruit	738 tins/jars
Milk	59 tins
Preserves	44 tins
Vegetables	181 tins
Puddings	3 tins

Other Foods.

Bacon	6½ lbs
Cheese	9 lbs
Dried Fruit	32½ lbs
Fruit/Vegetable Juice	11 tins
Oxo cubes	120
Peas pudding	2 tins
Pickles	35 jars
Ravioli	2 tins
Semolina	1 pkt
Soup	25 tins

EXTRANEOUS MATTER IN FOOD.

Few complaints were received in 1953.

The presence of a small piece of salmon tin in a jar of salmon and shrimp paste was attributed to the use in the manufacturer's factory of an insufficiently sharp mechanical can opener which caused this piece of tin to be torn off during opening. It was claimed by the firm concerned, who pack many millions of jars of paste per year, that no similar complaint had ever been made to them.

A complaint regarding the presence of glass in bread was withdrawn when enquiry revealed that a butter dish had been broken at the home of the complainant during the making of sandwiches with the bread which was alleged to have contained the glass.

MILK.

Distributors on Register at end of 1953.

Distributors with dairies within		
Urban District	...	7
Distributors with dairies outside		
Urban District	...	4
Distributors selling milk from local		
shops only in sealed		
bottles	...	5

153 visits were made to dairies during the year.

Further minor improvements were effected at dairies in this district during 1953.

At one Pasteurising Establishment the Holding System of pasteurisation was replaced by the HT - ST (High temperature - short time) process.

The year 1953 saw a further decrease in the use by local milk distributors of wide-neck bottles topped with discs. As from October 1st 1954, Pasteurisers will be required to fit containers of pasteurised milk with caps or covers which overlap the lips of the containers, and in consequence, better protection for milk in course of delivery will be secured.

Not earlier than October 1st 1954, this Urban District is to become a "specified area" under the Food and Drugs (Milk, Dairies and Artificial Cream) Act, 1950, necessitating the use of a special designation for all sales of milk by retail for human consumption. For some time less than 1% of the fluid milk sold in this district has been ungraded raw milk, and this milk has been sampled quarterly for biological examination with negative results.

Dealer's Licences.

The following licences under The Milk (Special Designation) (Raw Milk) Regulations 1949/50 and The Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations 1949/53 were issued by the Council:-

Dealer's Principal Licences:

Tuberculin Tested	...	7
Pasteurised	...	7
Sterilised	...	6

Dealer's Supplementary Licences:

Tuberculin Tested	...	3
Pasteurised	...	4
Sterilised	...	2

Pasteuriser's Licences.

The issue of these licences is the province of the County Council as the Food and Drugs Authority, and your Sanitary Inspectors continue to act as agents for the County Council for purposes of sampling and the supervision of pasteurising plants. There are three pasteurising establishments in the district.

Sampling.

The results of tests on samples of milk taken during 1953 are as follows:-

Processed Milk:

<u>Tuberculin Tested Milk (Pasteurised).</u>	<u>Passed.</u>	<u>Failed.</u>
Methylene Blue (to check probable keeping quality)	...	60
Phosphatase (to check efficiency of heat treatment)	...	60

Pasteurised Milk:

Methylene Blue	...	121	4
Phosphatase	...	121	4

Sterilised Milk.

Turbidity	...	2	-
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Raw Milk:

<u>Tuberculin Tested Milk.</u>			<u>Passed</u>	<u>Failed.</u>
Biological	4	-
Methylene Blue	5	-

Raw Milk (Ungraded)

Biological	L_t	-
Methoylene Blue	L_t	-

In addition, 117 sediment tests of farmers' supplies were made during the year, and these were classified as follows:-

Clean	...	30
Fairly satisfactory	...	65
Dirty	...	19
Very dirty	...	3

The unsatisfactory results related to milk supplied by four farms, only one of which was within this urban district. The requisite improvement in the cleanliness of the milk supplied by these farms was ultimately secured;

ICE- CREAM.

Only one registration for the manufacture of ice-cream has been made in this district, and the manufacturer concerned uses a complete cold mix. 53 premises are also registered for the sale of ice-cream; the retailers obtain their supplies from well known manufacturers. Two certificates of registration were issued during the year, and one registration was cancelled at the request of the occupier.

Most of the ice-cream sold in this district is pre-packed.

All samples examined by the Public Health Laboratory Service were classified as Grade I. These results shew an improvement over those for 1952 when only 57% of the samples were placed in Grade I.

FOOD HYGIENE.

As in past years, close attention was paid to premises where food was prepared, stored or exposed for sale, and also to vehicles used for the transport of food.

The following improvements (excluded from the table of Sanitary Improvements on page 23) were secured at food premises:-

Roofs repaired	...	2
Damp walls remedied	...	2
Wall plaster repaired	...	2
Ceiling plaster repaired	...	3
Floor coverings renewed	...	3
Defective drains relaid or repaired	...	2
Drains unstopped and cleansed	...	1
Soakaways provided for rain and surface water	...	2
Inspection chambers repaired	...	1
Sinks or lavatory basins provided	...	10
Running hot water supply provided	...	16

Kitchen equipment provided or renewed	...	6
Intervening ventilated space provided between food room and sanitary convenience	...	2
Dirty walls cleansed	...	18
Dirty ceilings cleansed	...	12
Dirty floors cleansed	...	9
Yards paved or repaired	...	1
Accumulations or rubbish removed	...	8
Dustbins provided	...	2
Dirty food carrying vehicles cleansed	...	1
Bread wrapping plant installed at Bakery	...	1
Miscellaneous	...	4

The following information is supplied in accordance with the requirements of Ministry of Health Circular 1/54:-

There are 248 food premises in the district:

9 Bakehouses; 20 Butchers' Shops; 29 Cafes, Snack Bars and School Canteens; 26 Public Houses, Clubs and Hotels; 56 Confectioners' Shops; 7 Dairies; 15 Fish Shops; 28 Fruiterers and Greengrocers' Shops; 55 Grocers' and Provision Merchants' Shops; and 3 General Stores.

Food premises registered under S. 14 of the Food and Drugs Act, 1938 are as under:-

For manufacture, sale and storage of ice-cream	...	1
For sale and storage of ice-cream	...	53
For preparation or manufacture of Sausages or of preserved foods	...	39
TOTAL		93

Dairies registered under the Milk and Dairies Regulations, 1949 number seven.

The records for 1953 do not distinguish visits made to registered food premises from those made to unregistered premises, but inspections to various types of food premises are enumerated on pages 29 and 30. These visits indicated that the standard of hygiene continue to improve.

No new or special educational activity has been undertaken in this district in connection with food hygiene, and, in my opinion, none is necessary; even if it were necessary, it would be impracticable without increasing the staff or interfering with other activities of the Sanitary Inspectors. Every endeavour is made, however, by personal contact with food handlers and their employees to see that the minimum standard demanded by existing legislation is attained; the maintenance of a higher standard is always encouraged.

During 1953 all condemned food was destroyed at the Coulsdon and Purley destructor.

No "special" examination of stock or consignment of food was necessary.

DESTRUCTION OF RATS AND MICE

The year's work is summarised hereunder:-

Number of complaints received	...	189
Number of complaints investigated	...	185 x
Number of Independent investigations made	...	613
Number of Premises found to be infested by rats	...	260
Number of Premises found to be infested by mice	...	37
Number of Premises treated and cleared		
(i) by Local Authority's operators	...	267 ø
(ii) by Occupiers	...	20

x 4 received late in year investigated in 1954.

ø Includes infestations found in 1952.

In addition, the routine annual testing of sewers, required by the Ministry of Agriculture and Fisheries, was carried out in September 1953; 186 manholes were test-baited and 19 "takes" were recorded. The necessary treatment was carried out.

No "major" or "reservoir" infestation was found.

The Council's method of refuse disposal is such that the tip was free from infestation throughout the year.

The Department has continued to act as Servicing Agent to the County Council at schools and at seven school canteens/kitchens.

Liaison was maintained between officers of neighbouring authorities and the technical advisers of the Ministry of Agriculture and Fisheries at meetings of the Surrey No. 3 Workable Area Committee, which met three times during the year.

DISINFECTION

Number of rooms sprayed or fumigated	...	6
Bundles of bedding and clothing disinfected	...	3
Library books fumigated	...	395

DISINFESTATION

Number of rooms sprayed or fumigated	...	18
Bundles of bedding and clothing disinfested	...	7
Wasps nests destroyed	...	36

I am,

Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

JOHN J. GARDEN

Chief Sanitary Inspector

13th August, 1954

C/ALL/1.

TABLE I.

THE URBAN DISTRICT COUNCIL OF CATTERHAM AND WARLINGHAM
1953

Public Health Committee

Chairmen: Councillor A.H. James.

Councillor A.H. Bartley.

Councillor J. Roberts.

Councillor H.W. Dailey, C.C.

Councillor Mrs. K.M.C. Sims.

Councillor A.C.J. Hartley-Sharpe.

Councillor Mrs. A.M. Tuck.

Councillor W. Howes.

Ex-officio: Councillor F.S. Back, M.B.E., J.P.

Public Health Department

STAFF:

Medical Officer of Health

⌘ F.R. Edbrooke, M.B., Ch.B., D.P.H.

Deputy Medical Officer of Health

⌘ M. Sutcliffe, M.A., M.B., B.Chir., D.P.H.
(Resigned 30. 8.53).

⌘ T.R. Bennett, M.R.C.S., L.R.C.P., D.P.H.
(From 1. 9.53).

Chief Sanitary Inspector

⊘ John J. Carden, M.S.I.A., R.R., San.I.

Additional Sanitary Inspectors

⊘ F.R. Allerton, M.S.I.A.

⊘ E.R. Rogers, M.S.I.A.

Senior Clerk

A. H. Hadlow

Clerks

Mrs. L.A. Capon.

Mrs. D.R. Gaskell.

(Resigned 5. 9.53).

Miss B.D. Pentecost.

(From 7. 9.53).

(⌘ Part-time appointment only to this Council)

⊘ Certificate for Inspectors of Meat and Other Foods

TABLE II

DEATHS OCCURRING DURING THE YEAR 1953

Cause of death.	Males.	Females.	Total.	Under 1 year.	1 and under 2.	2 and under 5.	5 and under 15.	15 and under 25.	25 and under 45.	45 and under 65.	65 and over.
Respiratory tuberculosis.....	1	1	2	-	-	-	-	2	-	-	-
Other tuberculosis.....	1	1	2	-	-	-	-	1	-	-	2
Syphilitic disease.....	1	-	1	-	-	-	-	-	-	-	1
Diphtheria.....	-	-	-	-	-	-	-	-	-	-	-
Whooping Cough.....	-	-	-	-	-	-	-	-	-	-	-
Meningococcal infections.....	-	-	-	-	-	-	-	-	-	-	-
Poliomyelitis.....	-	-	-	-	-	-	-	-	-	-	-
Measles.....	-	-	-	-	-	-	-	-	-	-	-
Other infective and parasitic diseases.....	-	1	1	-	-	-	-	-	1	-	-
Malignant neoplasm, stomach.....	7	8	15	-	-	-	-	-	-	5	10
Malignant neoplasm, lung, bronchus.....	17	1	18	-	-	-	-	-	1	8	9
Malignant neoplasm, breast.....	-	6	6	-	-	-	-	-	1	4	1
Malignant neoplasm, uterus.....	-	2	2	-	-	-	-	-	-	1	1
Other malignant and lymphatic neoplasms.....	12	16	28	-	-	-	-	-	1	12	15
Leukaemia, aleukaemia.....	1	-	1	-	-	-	-	-	-	-	1
Diabetes.....	-	5	5	-	-	-	-	-	-	1	4
Vascular lesions of nervous system.....	10	25	35	1	-	-	-	1	-	4	29
Coronary disease, angina.....	25	20	45	-	-	-	-	-	-	17	28
Hypertension with heart disease....	4	2	6	-	-	-	-	-	-	3	3
Other heart disease.....	25	25	50	-	-	-	-	-	1	8	41
Other circulatory disease.....	7	7	14	-	-	-	-	-	1	3	10
Influenza.....	5	6	11	1	-	-	-	2	1	2	5
Pneumonia.....	15	10	25	1	-	-	-	4	-	5	15
Bronchitis.....	6	1	7	-	-	-	1	-	1	-	5
Other respiratory diseases.....	1	-	1	-	-	-	-	1	-	-	-
Ulcer of stomach and duodenum.....	4	1	5	-	-	-	-	-	-	2	3
Gastritis, enteritis and diarrhoea.....	-	-	-	-	-	-	-	-	-	-	-
Nephritis and Nephrosis.....	-	5	5	-	-	-	-	-	-	2	3
Hyperplasia of prostate.....	1	-	1	-	-	-	-	-	-	-	1
Pregnancy, childbirth, abortion....	-	-	-	-	-	-	-	-	-	-	-
Congenital malformations.....	1	1	2	1	-	-	1	-	-	-	-
Other defined and ill-defined illnesses.....	22	26	48	8	-	-	5	2	5	9	19
Motor vehicle accidents.....	-	-	-	-	-	-	-	-	-	-	-
All other accidents.....	2	4	6	-	-	-	1	-	2	-	3
Suicide.....	4	2	6	-	-	-	-	1	1	2	2
Homicide and operations of war.....	-	-	-	-	-	-	-	-	-	-	-
TOTALS.....	172	176	348	12	-	-	8	13	16	88	211

TABLE III
NOTIFIABLE DISEASES

NOTIFIABLE DISEASES	Number of cases Notified																								
	At all ages - years													Wards											
	At all ages	1 -	2 -	3 -	4 -	5 -	10 -	15 -	20 -	35 -	45 -	65 and over	Caterham North-West (inc. St. Lawrence's Hospital)	Caterham North-East	Caterham West	Caterham East	Caterham South	Warlingham East	Warlingham West	Chaldon	Woldingham	Whyteleafe	Total number of cases removed to Hospital	Total Deaths	
Scarlet Fever	41	-	1	2	3	5	18	12	-	-	-	-	3	11	3	7	4	7	1	3	-	1	34	-	
Erysipelas	5	-	-	-	-	-	-	-	-	2	1	1	-	1	1	-	-	-	1	-	-	2	1	-	
Dysentery	25	-	-	1	1	13	2	1	2	1	1	1	13	-	1	-	1	-	3	-	-	8	-	-	
Acute Poliomyelitis- Paralytic	3	-	-	-	1	1	-	-	1	-	-	-	2	-	-	-	-	-	-	1	-	-	2	-	
Acute Poliomyelitis- Non-Paralytic	2	-	-	1	-	1	-	-	-	-	-	-	-	2	-	-	-	-	-	-	-	-	2	-	
Food Poisoning	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	-	-	-	2	-	
Pneumonia	15	1	-	1	-	2	1	2	2	2	4	1	4	2	2	1	-	2	-	3	-	2	6	25*	
Measles	573	1	10	42	61	89	191	86	8	5	-	1	115	120	73	57	29	42	34	29	20	55	7	-	
Whooping Cough	75	-	3	3	10	9	35	4	-	-	1	1	15	12	5	6	7	4	2	17	1	6	2	-	
Acute Encephalitis	1	-	-	-	-	1	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	1	-	
Puerperal Pyrexia	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-	
Malaria	1	-	-	-	-	-	-	-	-	1	-	-	-	-	1	-	-	-	-	-	-	-	1	-	
TOTALS	6745	2	15	45	76	91	105	262	105	11	15	5	152	149	86	71	41	57	41	52	23	75	58	25*	

* Includes 22 cases among patients at St. Lawrence's Hospital

TABLE IV
FACTORIES.

1. Inspections.

Premises	Number on Register	Number of		
		Inspection	Written Notices	Occupiers Prosecuted
Factories in which Section 1,2,3,4 & 6 are to be enforced by Local Authorities.	14	7	-	-
Factories not included above in which Section 7 is enforced by Local Authorities.	116	163	4	-
Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises).	18	22	1	-
T O T A L	148	192	5	-

2. Defects.

Particulars	Number of cases in which defects were				No.of cases in which prosecutions were instituted.
	Found	Remedied	Referred		
			To H.M. Inspector	By H.M. Inspector	
Want of cleanliness (S.1)	17	13	-	-	-
Overcrowding (S.2)	-	-	-	-	-
Unreasonable temperature (S.3)	-	1	-	-	-
Inadequate ventilation (S.4)	-	1	-	-	-
Ineffective drain- age of floors(S.6)	-	-	-	-	-
Sanitary Conveniences (S.7)					
(a) insufficient	2	4	-	-	-
(b) unsuitable or defective	2	3	-	1	-
(c) not separate for sexes	-	-	-	-	-
Other offences against the Act (not including offences relating to outwork).	4	4	-	1	-
T O T A L	25	26	-	2	-

3. Defaults, etc, notified by H.M. Inspector of Factories on Form 144:-

Notified	...	2
Remedied	...	1

TABLE V
HOUSING STATISTICS

(a) New Houses.

Number of New Houses erected during the year:-

(i)	By Local Authority	...	103
(ii)	By other Local Authorities	...	NIL
(iii)	By other bodies and persons		
	(a) War damage rebuilds	NIL	
	(b) New Dwellings	<u>80</u> ...	<u>80</u>
			<u>183</u>

(b) Existing Houses.

1. Inspection of Dwelling-houses during the year.

Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts).	...	212
--	-----	-----

2. Remedy of Defects during the year without Service of formal notices.

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their Officers.	...	135 ø
--	-----	-------

3. Action under Statutory Powers during the year.

(a) Proceedings under Sections 9, 10 and 16 of the Housing Act, 1936.

(i) No. of dwelling-houses in respect of which notices were served requiring defects to be remedied.	...	10
(ii) No. of dwelling-houses in which defects were remedied after service of formal notices.		
(a) By Owners	...	13 ø
(b) By Local Authority in default of Owners	...	NIL

(b) Proceedings under Public Health Acts.

(i) No. of dwelling-houses in respect of which notices were served requiring defects to be remedied.	...	27
--	-----	----

ø Includes notices served in previous years.

(ii) No. of dwelling-houses in which defects were remedied after service of formal notices.		
(a)	By Owners	... 20 ø
(b)	By Local Authority in default of Owners	... 7 ø
(c) Proceedings under Sections 11 and 13 of the Housing Act, 1936.		
(i) No. of dwelling-houses in respect of which Demolition Orders were made.		
		... NIL
(ii) No. of dwelling-houses demolished in pursuance of Demolition Orders.		
		... 1
(iii) No. of dwelling-houses in which defects were remedied by Owner after service of Section 11 notice.		
		... 2
(d) Proceedings under Section 12 of the Housing Act, 1936.		
		... NIL

4. Overcrowding.

(a) (i) No. of dwellings overcrowded at the end of the year.		
		... 10
(ii) No. of families dwelling therein.		
		... 12
(iii) No. of persons dwelling therein.		
		... 86
(b) No. of cases of overcrowding reported during the year.		
		... 4
(c) (i) No. of cases of overcrowding relieved during the year.		
		... 7
(ii) No. of persons concerned in such cases.		
		... 49
(d) No. of cases in which dwelling-houses have again become overcrowded after the Local Authority have taken steps for the abatement of overcrowding.		
		... NIL

ø Includes notices served in previous years.

TABLE VI

FOOD AND DRUGS ACT, 1938.

Statement on the number of samples taken during 1953:

Articles	Analysed			Adulterated or Irregular			Prosecutions
	Formal	Informal	Total	Formal	Informal	Total	
<u>FOOD:</u>							
Milk	71	-	71	5	-	5	-
Cake	-	1	1				
Confectionery	-	2	2				
Cream	-	1	1				
Cream, double	-	3	3				
Ice-cream	-	1	1				
Meat	-	1	1				
Soft Drink	-	1	1				
Whisky	1	-	1				
<u>DRUGS:</u>							
Aspirin tablets	-	1	1				
Cod Liver Oil	-	1	1				
Eucalyptus oil	-	1	1				
TOTALS	72	13	85	5	-	5	-